Compassion: A Case Study

Last April, a man in his 60s walked into the VA in Syracuse with chronic abdominal pain. He underwent an ERCP (endoscopic retrograde cholangio-pancreatogram) for further evaluation and abnormal imaging studies, and with intentions to relieve his symptoms.

After the procedure, the patient developed severe acute pancreatitis, which is a known complication of this procedure.

The prognosis wasn’t good.
The patient’s girlfriend was a constant presence, and she was under stress from trying to keep up with everything doctors told her.

Dr. Arundeep Kahlon, a second-year gastroenterology fellow working at the VA and involved in his care, became a regular visitor.

“I’d just spend 15, 20 or 30 minutes after hours explaining the situation, listening to her to find out what was bothering her,” he said.

Taking time to communicate in that way, Dr. Kahlon said, “made a difference in her situation. She could think clearly and make thoughtful decisions.”

After the patient was transferred from the VA to Upstate University Hospital, the girlfriend kept in contact with Dr. Kahlon, paging him and e-mailing him for advice.

“I’d come by after hours, or on weekends,” Dr. Kahlon said. “The patient had a tracheostomy, but he could nod and blink to communicate. He’d just hold my hand. It was very emotional for me.”

Palliative care was discussed as an option. But Dr. Kahlon knew from spending extra time with the patient that he wanted to keep fighting.

Dr. Kahlon would ask questions to make sure the patient was lucid, and then confirm that comfort care was not what he wanted.

On one visit, Dr. Kahlon said, the patient’s girlfriend was in tears. “I told her to take a break, and go to the cafeteria to get something to eat,” he said. “I told her, ‘If you’re not taking care of yourself, you can’t take care of him.’”

After several months at Upstate, the patient returned to the VA.

Dr. Kahlon consulted with a specialist at the Mayo Clinic in Minnesota but before he could be accepted there, consultation at nearby tertiary centers was recommended. Eventually it was decided that the patient would go to the VA Pittsburgh Heath System to be treated by a team of specialists.

The man is now recovering from intra-abdominal surgery by the small bowel transplant team. The patient’s girlfriend has been by his side all along, and didn’t forget Dr. Kahlon’s role in his treatment here. She still

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‘Save Time, Save Brain!’ initiative wins national award

Upstate’s Neurology program received a 2016 Safety and Quality Award from the American Academy of Neurology for its “Stroke Code Simulation Lab: Save Time, Save Brain!” initiative.

The award – and $500 – will be presented this month at the AAN’s 68th annual meeting in Vancouver, British Columbia.

Drs. Yi Mao, Awass Zidan, Umar Afzal, Ramesh Cherukuri and Usman Qadeer worked on the project, with Neurology Program Director Dr. Deborah Bradshaw the faculty mentor. Drs. Yi Mao and Ramesh Cherukuri will present the poster at the meeting and accept the award.

According to the AAN, “The Safety and Quality Awards recognize research and/or quality improvement (QI) projects designed to improve safety and/or quality in practice. Projects should demonstrate innovative and forward-thinking approaches, as well as measurable and replicable improvement.”

https://www.aan.com/conferences/2016-annual-meeting
New attire restrictions aim to reduce hospital infections

Upstate like many institutions is constantly on guard regarding infection occurrences in the hospital that might endanger patients or staff. Infection disease occurrences are reportable to local, state and federal agencies. Inappropriate infection occurrences such as Legionella lead to public scrutiny. We work very diligently at appropriate education of the entire staff as well as introducing more mechanical activities to reduce infection possibilities.

Restriction of the use of neckties for men, white coat usage without regular cleaning, and hand washing have all been implemented at various times and locations as mechanical interventions. Upstate in continuing these efforts has instituted new policies restricting use of surgical attire.

Clean surgical attire including shoes, head coverings, masks, jackets, and identification badges are to be worn in the semi-restricted and restricted areas of the surgical or invasive procedure setting. The settings include the OR, MRI, scrub areas, outpatient surgery center.

Major changes include the elimination of fabric lanyards including Vocera straps, the use of cleanable clips for ID badges, and non-reuse of surgical masks (not hung around the neck but properly discarded).

All restricted area use scrubs have been converted to cranberry color to make them easy to spot. Hospital-provided surgical attire will not be worn to work or taken home. This will assure that the scrubs will be laundered in a healthcare accredited laundry facility.

As we continue our efforts we would be very interested in hearing from others as to what they are doing and how they are demonstrating the effectiveness of their efforts.

Residents honored (continued from front)

Dr. Patel's poster presentation covered her study of interventions that improved clinical documentation and standardized mortality rates. An interdisciplinary team created a list of 12 most common documentation deficiencies, and then initiated a successful program to reduce the occurrence of those deficiencies.

Drs. Helkin and Patel were among 30 residents, fellows and post-docs who submitted research abstracts for the event, which is presented each year by the Office of Graduate Medical Education and the College of Graduate Studies.

Five residents and three post-docs were selected to give platform presentations, which were followed by a keynote address by Leszek Kotula, MD, PhD. Dr. Kotula is associate professor of Urology and Biochemistry & Molecular biology, and co-directs Upstate's MD/PhD program. His research interests are in cancer biology, cell signaling, the role of actin cytoskeleton in tumor progression, and mouse models of cancer.

Platform presenters were: Dr. Helkin; Dr. Hoon Choi (Neurosurgery); Nilda Alicea-Velázquez, PhD (Biochemistry & Molecular Biology); Dr. Jennifer Makin (Obstetrics & Gynecology); Reyna Martinez-De Luna, PhD (Ophthalmology); Dr. Gaurang Vaidya (Internal Medicine); Rebecca Oot, PhD (Biochemistry & Molecular Biology), and Dr. Gentian Toshkezi (Neurosurgery).

In the post-doc category, Rebecca Oot, PhD, was awarded best platform presentation and Xu Wang, PhD, received the best poster award.

Some of the speakers at the annual Beyond the Doctorate Research Day at Upstate. From left to right, Rebecca Oot, PhD (Biochemistry & Molecular Biology); Dr. Jennifer Makin (Obstetrics & Gynecology); Dr. Alex Helkin (Surgery); keynote speaker Leszek Kotula, MD, PhD, associate professor of Urology and Biochemistry & Molecular Biology; Dr. Hoon Choi (Neurosurgery); Nilda Alicea-Velázquez, PhD (Biochemistry & Molecular Biology), Dr. Gaurang Vaidya (Internal Medicine). Missing are Dr. Gentian Toshkezi (Neurosurgery) and Reyna Martinez-De Luna, PhD (Ophthalmology).

Resident Appreciation Day

The annual Resident Appreciation Day at Upstate University Hospital featured cake, gifts and a lot of smiling faces, including Drs. Mariam Alexander, left, and Aswini Kumar, residents in the Department of Medicine.
Time for Boot Camp

Dr. Alex Helkin, Surgery, follows a program called Fit Body Boot Camp and talks about it below. Originally from Shirley, Long Island, Helkin, 31, earned his undergraduate degree at Cornell University and his medical degree at the SUNY Stony Brook University School of Medicine.

Describe your fitness routine:

Fit Body Boot Camp classes are 30 minutes of high-intensity interval training, usually divided into a warm-up, a circuit (four to five stations, each with one or two exercises) and a cool down. Each day is different, and the week as a whole generally provides a full-body workout.

I attend Fit Body pretty much every day classes are offered, barring times when work gets too busy. Class size varies, but the workout is the same. You are still doing your own workout, but your only competition is how much you did the day before. The trainers give personal attention to everyone to ensure correct form and provide encouragement.

What made you try this fitness method?

My fiancée is a member and started last year as well. The first class is free if you come with a member, and after the first class, I was hooked. I was tired, sweaty and sore, and it felt great.

What is your favorite part?

I have a lot of favorite parts. I was apprehensive to join a traditional gym because I didn’t know what exercises to do — when, for how long, and if I was doing them right. At Fit Body, the trainers decide all of that and provide advice on how to achieve all of your fitness goals. I just have to show up.

What is the greatest benefit (physical, mental, whatever) have you gained from it?

I feel great all around. I am much stronger, sleep better and have less stress.

What fitness routines or sports have you pursued in the past (including in school), and which did you like best?

I wrestled in the past and tried to stay in shape doing things here and there, but this is the first time since then I’ve been dedicated to improving my fitness.

Would you recommend a boot camp regimen to anyone who asks you about it, or just certain people?

Yes. The trainers accommodate limitations, such as joint pain or surgery and make sure there is a variation each person can do, as well as providing further challenges once you meet your goals.

Does boot camp allow time for other forms of fitness, such as swimming, running, etc., or is the routine too time consuming for much else?

Absolutely. At 30 minutes per class, there are plenty of members who exercise, run, lift and do other classes, such as Zumba. Others, such as myself, do double classes, too.

Is this a winter workout, when it’s hard to exercise outdoors, or an all-year deal?

Fit Body is indoors, so I do it all year.

What else would you like people to know about this workout regimen?

Try it and stick with it. It is tough at first, but there’s nothing else like it.

Adapted from the What’s Up at Upstate blog.

Pediatricians co-author work-life balance essay for ‘Frontiers’

Dr. Danyal Thayer, pediatric resident, and Dr. I. Federico Fernandez Nievias, assistant professor of pediatrics, are joint first authors of an essay in the December 2015 issue of Frontiers in Pediatrics. www.frontiersin.org

Each contributed a section to “Work-Life Balance: A Different Scale for Doctors.”

From the resident’s perspective, Dr. Thayer discusses the adjustments he needed to make to balance his responsibilities in the hospital with his responsibilities to his family — and to himself. From the attending physician’s perspective, Dr. Nievias discusses the importance of striking that balance, not just to individual physicians but to the medical profession in light of projected shortages.

A couple of excerpts:

Dr. Thayer:

"After a couple of weeks in the PICU, I wanted to emotionally blind myself from the hospital once I was done with my shift and going back home. This may sound inhuman and insensitive. However, I could not spend the few hours or a rare weekend that I had off obsessed with something I could do nothing about. No matter how much I wanted to do, I could not be in the hospital 24/7. This was my time. And I had to claim it.”

Dr. Nievias:

"Considering work and life as two opposite forces is like dividing ourselves into two pieces that cannot coexist. We are one and we should not isolate the physician from the person. Each of these aspects of our life contributes to who we are, to our happiness, and ultimately to our success as physicians and human beings."
Compassion: A Case Study (continued from front)

communicates with him, sending weekly letters through the U.S. mail.

"I wasn't doing anything medically, but communicating an extra 20 to 30 minutes a day, sometimes just listening," Dr. Kahlon said. "That made a big difference. It changed everything."

Dr. Kahlon said his approach is the result of working with very good teachers, and also stems from Sikh religious traditions.

Compassion is one of the key tenets of Sikhism, he said, so he is "practicing compassion with medicine." Sometimes in the age of electronic medical records, Dr. Kahlon said, "we spend more time on the computer than we do with the patient. It should be the other way around."

Every case is different, he said, but taking more time with the patient and the patient's family has rewards for all concerned.

Just take the time to ask them, 'What questions do you have?'" Dr. Kahlon said. "At the end of the day, if it can make such a difference, why not?"

Neurology program coordinator honored

Upstate's Mary Phelan will receive an American Academy of Neurology Program Coordinator Recognition Award at the AAN's annual meeting in April.

The academy selects two coordinators each year for the honor, which acknowledges the essential function of neurology program coordinators.

According to the AAN, "Program coordinators face many challenges supporting the administration of a residency program including limited resources and both research and clinical missions that compete for time and resources with the education mission. The time has come to recognize neurology residency program coordinators whose creativity and innovation is crucial in ensuring the future of Neurology."

In her nomination letter, Deborah Bradshaw, MD, Upstate's Neurology Residency Program Director, praised Phelan's professionalism and compassion. "Mary is a role model and leader for other program coordinators in the institution and around the country," Dr. Bradshaw. "Not only does Mary give her all to make sure our program runs smoothly, she cares deeply about the residents. She is eager to help them, no matter what the problem. She is the epitome of a knowledgeable, caring, hard working, efficient and innovative program coordinator."